

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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8						
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10						
11						
12						
13						
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15						
16	1					
17	1					
18	1					
19	1					
20		1				
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33	1					
34		1				
35		2				
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	35					
TOTAL CLAIMS	42					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.												
TOTAL CLAIMS												